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Chemist&Druggist

The Newsweekly for Pharmacy



26 October 2002

**Supplementary
prescribing
gains support**

**Plans unveiled
for medicines
week in 2003**

**Day Lewis
exceeds tough
expansion goal**

**Picture perfect
– photography
and pharmacy**

**New modern distinctive
packaging for the
Anadin* range.**

**Pain indications now
on front of pack.**



**£6M Anadin national
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NCC boss to retire in March 10

National Co-operative Chemists' chief executive Roy Carrington (left) is retiring in March 2003, after 16 years at its head. His role may now be split in two, creating an opportunity for a non-pharmacist

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WALES

Pharmacists sought for LHBs

The Welsh Assembly is advertising for pharmacists to sit on the 22 new local health boards, which are replacing local health groups.

The pharmacists will be appointed as non-officer members, along with representatives from other professions, local voluntary organisations and a lay member. Each appointee will receive £5,619 pa. The deadline for applications is October 29.

RPSGB Welsh executive chairman Andrea Robinson commented: "It is important that pharmacists can continue to make a key contribution to the strategic future of healthcare in Wales.

"Improving Health in Wales made a commitment to improve structures and performance within the health service in Wales. We are delighted that pharmacists continue to be recognised as a vital asset to achieve this."

Further details are available from Lesley Moore, LHB Appointments, c/o Powys Healthcare NHS Trust, Mansion House, Bronllys, Brecon, Powys LD3 0LS, or e-mail lhbs@dyfprw-ha.wales.nhs.uk. Tel: 0845 6023753 for information packs.



Andrea Robinson: delighted to see pharmacists recognised as an asset

RETAILING

New role at Boots

Boots is creating a new role of head of professional capabilities, with responsibility for co-ordinating the training and development of over 15,000 staff who work in the pharmacy area, from pharmacists to counter support staff.

Reporting to Steve Churton, the successful candidate will be supported by four programme development managers who will concentrate particularly on CPD and professional development.

POLICY

Majority favour MLX 284

There has been a generally favourable response from other health professions to the Medicines Control Agency's consultation on supplementary prescribing (SP) by pharmacists and nurses (*C&D*, April 20, p4 and October 5, p9).

Of the 817 responses to MLX 284, 678 back the proposal overall, says the MCA, although there are some concerns, in particular:

- training requirements
- the range of drugs to be included
- workload
- access to records
- clinical responsibility and accountability
- the parameters of the clinical management plan.

The MCA expects training programmes for SP to be in place by the end of the year for nurses, and by spring 2003 for pharmacists. Subject to legislation, SP should be legally possible from April 2003.

For the first time a summary of responses to MLX has been posted on the MCA's website. The Joint Professional Committee for Nursing, Midwifery and

Health Visiting Associations (England) noted that the supplementary prescriber should monitor the patient's progress. However, it expressed concern that pharmacists may not have the knowledge, experience and resources to make this type of assessment.

The Royal College of Physicians in Edinburgh suggested that the clinical management plan will be impractical to tailor to individuals. A better model would be an arrangement similar to patient group directions but with more freedom for the actions that can be taken under it.

The RCP in London expressed anxiety about the need for co-ordination with pharmacists and nurses over the extension of prescribing rights.

Pilot sites, where SP could have been monitored and any potential problems dealt with before wider rollout, should have been considered, said the Royal College of General Practitioners. It feels that the take-up of SP will be handicapped by the initial time and effort needed to draw up

management plans. It also wants clarification of who carries responsibility for prescribing – the independent or supplementary prescriber.

Although generally supportive of extending prescribing rights, the British Medical Association considers the proposals to have serious drawbacks, which could discourage doctors from taking part. These include:

- the workload involved in producing individual clinical management plans
- issues of accountability
- the difficulty in accessing and updating records.

It suggests that allowing repeat dispensing for specified periods of authorisation in order to reduce GPs' workload would be a better route to take than SP.

Responses from pharmacy bodies have been more positive, although the Guild of Healthcare Pharmacists suggested there might be probity issues for community pharmacists, such as prescribing drugs that are not strictly necessary.

For more information:

www.mca.gov.uk

MEDICINES

Medicines awareness week 2003 planned

Proposals for a national medicines awareness week to encourage the public to take a more active role in their healthcare have been announced this week.

'Ask About Medicines Week', which will be held in October 2003, is being organised by a collaboration between the Doctor Patient Partnership, the Task Force on Medicines Partnership, and the working group Promoting Excellence in Consumer Medicines Information.

The aim is to encourage patients to discuss their medications with health professionals, to reduce medicines wastage, to produce better health outcomes, and to empower patients to get involved in their treatment.

Planned activities include:

- posters in community pharmacies and GP surgeries encouraging patients to seek advice
- a confidential telephone helpline to provide advice on medicines
- handy cards with key questions for patients to ask about medicines to be distributed via pharmacies, GPs, walk-in centres and supermarkets
- access to advice via NHS Direct Online.

Organisations supporting the initiative include the Royal Pharmaceutical Society, the NPA, the chief pharmaceutical officers of UK Government health departments, and the Guild of Healthcare Pharmacists.

MEDICINES

Lords tackle resistance

An expert advisory committee is being established in the House of Lords to tackle the problem of antimicrobial resistance.

The Institute of Biology and the RPSGB have linked up as part of their Pharmageddon Now policy alert process.

Urgent action is called for on:

- ensuring that the recently published UK antimicrobial resistance strategy and action plan is adopted by all stakeholder departments and agencies
- providing a more favourable climate for the development of new antibiotics
- revising medical and veterinary curricula to reflect the significance of infectious diseases.

PHARMACY

Major role for pharmacists reducing falls in elderly

There is a big role for pharmacists performing medication reviews for older people in the future, according to Professor Ian Philp, director of the National Service Framework for Older People.

Speaking last week at the launch of the Pharmacy Healthcare Scheme's "Promoting Physical Activity in Older People" he said: "The review should be with a healthcare professional – a pharmacist or a doctor – but it is not just a review of the prescription, it is time spent with the person and their family, if necessary." A six-monthly medication review for people over 75 taking four or more medicines is one of the requirements of the NSF.

As well as promoting physical activity in order to prevent falls, Professor Philp said there was a greater role for community pharmacists in directing older people to specialist falls services and in helping them to gain access to advice on housing and equipment. The PHS pack has been launched in conjunction with Help the Aged's Avoiding Slips, Trips and Broken Hips campaign and is being sent to all community pharmacies in England.

For more information:

E-mail: phs@rsgb.org.uk

Tel: 020 7572 2265.



October NCSO endorsement

The Department of Health and the National Assembly of Wales have agreed to allow NCSO (no cheaper stock obtainable) endorsements for the following items for October:

- Co-triamterzide tablets BP 50/25
- Indomethacin capsules BP 50mg

Caring Clowns

Pharmacists enquiring about Mars' new Locketts Caring Clowns lollipops should call the following number: 01753 550055. Please disregard the telephone number C&D quoted on October 12, p23.



Professor Ian Philp (left) and Paul Cann, director of policy and international affairs at Help the Aged, surrounded by ladies from the Marchmont Community Centre, London. The launch of the PHS campaign took place following the ladies' weekly Qi Gong class – a Chinese system of philosophy and healthcare that combines physical movement, breathing techniques and meditation. See right

MEDICINES

Aspirin limited to over-16s

All aspirin products will carry a warning that they should not be used by children under 16, pending the outcome of a Government consultation.

The Medicines Control Agency issued the eight-week consultation this week to ensure that health professionals, parents and children are aware of new advice from the Committee on Safety of Medicines.

The CSM warned earlier this year that aspirin should be banned for children up to and including 15 years old if feverish, because of the risk of Reye's Syndrome, and that the ban on the use of aspirin in under 12s should remain.

Professor Alasdair Breckenridge, chairman of the

CSM, said: "The risk of Reye's Syndrome in 12 to 15s is very small but there have been concerns that earlier advice was too complex for products that are available on general sale – in the supermarket and corner shop – requiring a diagnosis of fever by a parent or minor.

"I want to be very clear that there is no cause for panic or concern but I also want to ensure that parents and children alike are kept well informed and are aware of the importance of this warning. Anyone who has any questions should talk to a pharmacist."

Wyeth Consumer Healthcare, manufacturer of Anadin, said it was aware of the MCA's recommendations and that this

step had been taken as a purely precautionary measure. The company will work with the Department of Health to communicate the new guidance and will be changing its patient information.

Subject to the outcome of the consultation a statutory instrument will be laid before Parliament with the requirement for new warnings coming into force around March 2003.

Comments should be sent by December 31 to Jeremy Mean, senior policy manager, Post-Licensing Division, MCA, Market Towers, 1 Nine Elms Lane, London SW8 5NQ.

For more information:

www.mca.gov.uk

PRACTICE

PSNC conference set for Birmingham

This year's PSNC Community Pharmacy Conference will take place at the Birmingham ICC on November 28.

Among the speakers will be chief pharmacist Dr Jim Smith and Counter Fraud

Services director Jim Gee.

Parallel sessions on repeat dispensing, patient safety and error reporting, negotiation skills, ETP, primary care centres and NHS LIFT will also take place. Community pharmacists and

LPC members are invited to attend. The delegate fee is £99. Further information is available from Sharon Wood on 01286 432823.

For more information:

www.psn.org.uk

EU rejects DTC information on prescription drugs

The European Parliament has rejected proposals to allow drug companies to provide information on prescription drugs direct to consumers.

On Wednesday MEPs overwhelmingly rejected the European Commission's proposal for a pilot project to allow information to be provided on new drugs relating to HIV, diabetes and asthma.

The result has been welcomed by the Consumers' Association, which said that MEPs had put public health above commercial interests.

"Consumers do not trust drug companies to provide objective, balanced, accessible and complete information about prescription medicines," said the CA.

While the Association of the British Pharmaceutical Industry was pleased that the proposed pilot had been rejected, it was waiting for further clarification on precisely what kind of prescription drug information could be supplied direct to consumers.

As *C&D* went to press, an ABPI spokesman pointed out that Wednesday's vote was only the



The European Parliament in Strasbourg has rejected a pilot that would have provided more prescription drug information direct to patients

first stage of a lengthy legislative process.

Before the vote, concern had been raised that plans to allow a limited provision of information would lead to US-style advertising of prescription products.

On Tuesday, Erkki Liikanen had argued on behalf of the

European Commission that the EU proposals would not follow the US model. Rather, the Commission was aiming to set up a "neutral information system, backed up by scientific advice", as it was impossible to control the flow of information and misinformation appearing on the internet.

Moss/IVAX pilot asthma evaluation service

The potential for pharmacist intervention in the care of people with asthma and COPD is being investigated by Moss Pharmacy and IVAX Pharmaceuticals.

Pharmacists in two of Moss Pharmacy's Bradford branches have started assessing patient inhaler technique using the Aerosol Inhaler Monitor and Evaluation System[®] (AIMES) machine. This tests three aspects of a patient's co-ordination – timing, delivery and breath hold. A green light indicates that the technique for using a metered dose inhaler is good,

otherwise a red light shows.

Patients are interviewed using the RPSGB's inhaler assessment questionnaire, then assessed using the AIMES machine and given advice on technique as appropriate. The patient's repeat prescriptions are then monitored for three months with a form recording comments on progress since the last visit, inhaler technique and any changes in medication.

Once sufficient data is collated, it will be shared with patients and their GPs. Mark Murray from the Moss Pharmacy in Heaton said he

had already had patients back for re-assessment who were showing a "marked improvement" in technique. He had also found the AIMES machine a useful tool for teaching first-time inhaler users as well as improving technique in children.

Ashwanth Singh from the Park Road Health Centre has also seen the benefits of using the AIMES machine: "Even those patients with basically good technique have gained added confidence from knowing they are getting it right and have been amongst the most grateful of my customers."

CONTRACT

Vantage Health Watch ready for new contract

AAH Pharmaceuticals believes that pharmacies operating its Vantage Health Watch programme will meet the criteria for a second tier in a proposed new pharmacy contract.

Responding to news last week that PSNC has set its sights on an April 2004 introduction of the new contract (*C&D* October 19, p4), AAH Pharmaceutical's marketing manager Mandeep Mudhar said the new two-tier contract will make many pharmacists even more concerned about the stability of their future.

But he added: "Already 25 of our pharmacies are running the Vantage Health Watch programme and would meet the criteria of a second tier of service. We expect a further 200 pharmacists to become involved in the scheme next year, well ahead of PSNC's target date."

Prescription review is being seen as a key element, with an initial focus on the National Service Framework (NSF) for older people.

"This is why a number of Vantage Health Watch services are for prescription review, and have been directly linked to the NSF's for older people, diabetes and CHD," said Dr Mudhar. "They are directly in line with the second tier remuneration model."

Questiontime

in association with



UniChem

Last week we asked you: "NICE announced its 50th assessment this week. Do you think that as a result of its recommendations, healthcare provision has...?"

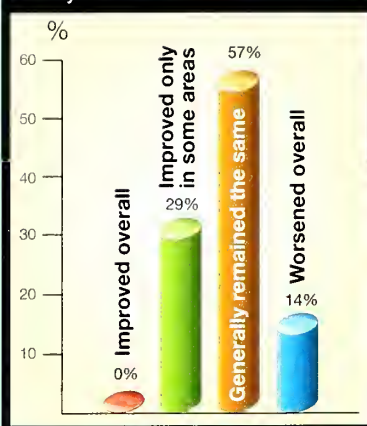
You replied (see right):

This week's question: How far should drug companies be allowed to publicise information about prescription medicines?

- Not at all
- Only under a strict voluntary code
- Only under a strict EU code
- Only on EU-approved websites
- Complete freedom

You can record your vote on our website: www.dotpharmacy.com. You have until noon on October 29 to cast your vote. We will publish the results in *C&D*, November 2.

What you told us





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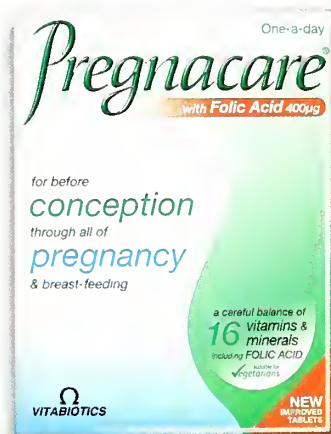
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MULTI-LES

Day Lewis buys Elmfield chain

Day Lewis has acquired Elmfield Drugs Ltd, the London and Kent-based pharmacy chain, in a deal said to be worth in excess of £4 million.

The chain's 11 branches will continue to operate under the Elmfield name, possibly alongside the Day Lewis branding.

Day Lewis's chief executive, Kirit Patel, said the chain would be run as an autonomous entity within the group.

Meanwhile Elmsfield's directors, Prakash Patel and Navin Patel, have joined the Day Lewis senior management team.

Navin Patel now acts as superintendent pharmacist for the

ex-Elmfield branches, working closely with Day Lewis' superintendent, Peter Glover.

Prakash Patel has joined the Day Lewis procurement team in charge of distribution and warehousing.

Kirit Patel also hinted at six further acquisitions in the near future, including two shops from a well known national retailer in the UK.

With expansion a key ambition, the original target of growing the currently 80-strong chain to 100 has been brought forward by six months to mid-2003. The medium-term aim is to have 150 branches by December 2005.



Greenfield Pharmacy was named the Day Lewis branch of the year during the chain's annual dinner held at the Wokefield Executive Centre in Reading. Branch co-ordinator Nathalie Shanahan (centre) and branch manager Uday Patel (right) picked up the commemorative plaque from Day Lewis's superintendent pharmacist Peter Glover (second from right) and Day Lewis's chief executive Kirit Patel (left). The title of 'staff of the year' went to Jenny Burstow, branch co-ordinator of Gunns Pharmacy, while Susan Bell picked up the award for 'manager of the year' for her work at Harmers Pharmacy



James Palmer will be BMS's R&D chief scientific officer in the USA

INDUSTRY

GSK senior scientist joins BMS

GlaxoSmithKline has lost one of its most senior research & development scientists to its US rival Bristol Myers-Squibb.

James Palmer, GSK's senior vice-president (new product development, R&D) will move to BMS on December 1 to head up the US company's R&D division as chief scientific officer and president of the Pharmaceutical Research Institute.

Mr Palmer joined the then Glaxo in 1985 and has been involved in the development and launch of products such as Augmentin XR, Paxil CR, Adavir, Trizivir, Serevent and Ziagen.

Pharmaceutical analyst Nigel Barnes from Merrill Lynch insisted the move was not a significant blow to GSK.

"His departure will of course be felt by the company, but GSK has the skill base there to cope with his departure," Mr Barnes said.

RETAILING

Merger talks put off until June

Merger talks between the UK's two largest symbol groups, Numark and Nucare, have been put on hold until June 2003.

Major tax implications for Nucare should a merger go ahead before August 2003 were cited as the reason for the deferral.

A Numark spokeswoman insisted the decision to suspend the merger talks were not an indication of any underlying problems. Lord Fowler, Numark's chairman, added: "The talks have been very constructive and we have made a lot of progress, but Nucare's tax issues mean that we will have to defer until next summer in order to ensure that

neither party incurs unnecessary financial problems."

Nucare's chairman, Veni Harania MBE, insisted that "there are benefits to be gained from a merger between Nucare and Numark, but technical difficulties over taxation meant that it would not be financially prudent to merge at this particular time.

"Nucare remains excited about the possibility of a merged entity and national offering but in the meantime, it's business as usual."

Meanwhile Numark stressed that it remained focused on implementing its business plan, a cornerstone of which is a network of jointly owned pharmacies.

FINANCE

Salaries 50pc up on 1992

Pharmacists' average salary has risen by almost 50 per cent since 1992, a survey by the Halifax bank has revealed.

According to Halifax's study, *Snakes and Ladders in the Pay Game*, pharmacists earned £29,392 last year, compared with £19,783 10 years ago.

Meanwhile the *New earnings survey 2002*, conducted by the Office of National Statistics put annual salaries for pharmacists and pharmacologists even higher

at £36,381 (2001: £32,951).

According to ONS figures, pharmacists' weekly earnings averaged around £662 (2001: £630). Hourly rates increased from £15.87 in 2001 to £16.89.

Pharmacists' wages were therefore higher than those of other full-time employees in non-manual jobs, who earned an average of £27,700 per year. Average weekly earnings for this group were £465 and hourly rates averaged at £13.52.

INDUSTRY

PowderJect shares soar as bids flood in

PowderJect Pharmaceuticals, the Oxford-based biotechnology company, has confirmed that it has received "preliminary approaches" for the business from "certain parties".

Shares in PowderJect, which specialises in developing needle-free methods of injection for vaccines, soared by nearly 65 per cent, or 170p, to 425p. But it is still lagging behind its peak share price of more than £6 a year ago.

Chiron Inc is believed to have made a verbal offer of £5 per share, amounting to around £450 million.

However, PowderJect's chief executive, Paul Drayson, who has a 20 per cent stake, is believed to be seeking at least 600p per share, which would give him a £109m windfall.

GlaxoSmithKline and Shire Pharmaceuticals have also been named as potential bidders. GSK would not comment on the speculation while Shire and Chiron were not contactable before *C&D* went to press.

PowderJect insisted it was too early to say whether these approaches would lead to an offer. Further announcements would be made in due course.



NCC boss to retire

National Co-operative Chemists' chief executive and superintendent pharmacist, Roy Carrington, will retire at the end of March 2003. He has led NCC for more than 16 years.

As chief executive, Mr Carrington helped the group to double its size to 300 pharmacies.

However, his dual role may be split into two when NCC starts looking for a successor in November. It is initially advertising for a general manager, who for the first time will no longer have to be a pharmacist. If it does appoint a non-pharmacist, NCC will also have to appoint a new superintendent pharmacist.

Coming Events

OCTOBER 28

Bury & Rochdale Branch, RPSGB

CPD, by Alison Littlewood, regional facilitator at the College of Pharmacy Practice, Village Hotel, Waterfold Business Park, Rochdale Road, Bury, 8pm

LEGAL

AZ loses UK Losec appeal

AstraZeneca has lost its fight to keep two UK patents for its blockbuster drug Losec (omeprazole), after the UK Appeals court ruled in favour of Generics UK and Cairnstores Ltd.

AZ had appealed against a High Court ruling handed down in March, which found that the two formulation patents were 'obvious' and therefore invalid.

But the company claimed that it had not received a fair trial and initially also challenged the 'obvious' verdict. The latter was

later dropped as a ground for the appeal.

The Appeals Court denied AZ's request for a retrial on the grounds of unfairness, which puts an end to the legal process over the Losec patents. UK sales of the ulcer drug accounted for 4.3 per cent of the product's worldwide turnover of \$5.7 billion.

By contrast, a jubilant AZ celebrated victory in a very similar case in the USA only last week. US sales account for 65 per cent of revenues generated by Losec (known as Prilosec in the USA).

A judge in the southern district court of New York ruled that four out of five generic manufacturers were infringing broadly similar patents to those in the UK case. Only Kudco, a subsidiary of Schwarz Pharma in Germany, was found not to infringe the patents.

A spokesman for AZ said at the time that the US ruling "vindicates our position on our intellectual property rights and also validates the amount of scientific research and development that went into omeprazole".



England's chief pharmacist, Dr Jim Smith (second left), officially opened Eldon Laboratories' newly expanded premises in Newcastle. The specials manufacturer, a subsidiary of UniChem Ltd, had outgrown its previous 3,000sq ft premises as it developed from a company with six employees and a turnover of £100,000 to its current size. Eldon now employs 80 staff and has a turnover of around £5 million. The company supplies 25 per cent of all specials dispensed in pharmacy. The expanded site, which is between 12,000 and 15,000sq ft, also leaves room for further expansion. Also pictured are Jonathan Fawdry (left), Eldon's director and general manager; UniChem's managing director, Chris Etherington (second right) and Julian Streeter, UniChem's operations director

C&D

C&D launches Tax Buster

C&D has launched a service that offers free advice on financial problems. The service – Tax Buster – has gone live on C&D's website: www.dotpharmacy.com. Double click on 'Features' and you will find the Tax Buster page in 'Regulars'.

Pharmacists can email their questions to: chemdrug@cmpinformation.com

Please label your question 'Tax Buster', which will enable us to quickly locate it. The question will be sent to Hutchings & Co, which specialises in accounting and tax issues for retail pharmacists. C&D will post H&C's answer on the online Tax Buster page. Given the sensitive nature of financial queries, the page will not include the questioner's name or the pharmacy name.

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Contact Non Drowsy 12 Hour Relief Capsules Product Information. Presentation: Clear capsule containing pink prolonged-release granules of Pseudoephedrine Hydrochloride 120 mg. Uses: Relief of congestion in allergic rhinitis, the common cold and influenza. Dosage and administration: Adults and the healthy elderly: 1 capsule in the morning and another at bedtime. Children under 12 years: Not recommended. Contraindications: Known hypersensitivity to ingredients, severe heart disease, and severe hypertension. Patients taking, or within two weeks of having taken, MAOI's. Precautions: To be used with caution in patients with mild to moderate hypertension, heart disease, diabetes, hyperthyroidism, phaeochromocytoma, closed angle glaucoma, prostatic enlargement and moderate to severe renal impairment. Do not chew or crush capsule contents and do not take with any other products for the relief of colds, congestion or hayfever. Consult a doctor before taking this medication if receiving prescribed medicines or are pregnant or breast feeding. If symptoms persist consult a doctor. Do not exceed the stated dose. Co-administration with MAOI's may lead to hypertensive crisis. Concomitant use with tricyclic antidepressants, sympathomimetic agents or with MAOI's and furazolidone may occasionally cause a rise in blood pressure. Partial reversal of the hypotensive action of drugs known to interfere with sympathomimetic activity. Side effects: Rarely symptoms of central nervous system excitation including dizziness, dry mouth, sleep disturbances, nervousness, agitation and restlessness. Allergic cutaneous reactions, with or without systemic features, have been reported in association with the use of pseudoephedrine and urinary retention has been reported occasionally in men. Pregnancy and lactation: Do not use except with medical advice. Legal category: P. Product licence number: PL 00079/0375. Product licence holder: GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. Package quantity and RSP: 6 capsules £2.99, 12 capsules £4.85, 24 capsules £6.65. Date of revision: October 2002. Contac is a registered trademark of the GlaxoSmithKline Group of companies.





LambethOUTLOOK

A new Health Bill looms

Beverly Parkin, director of public affairs at the Royal Pharmaceutical Society, anticipates what the Queen's Speech may hold for pharmacy

Parliament will shortly be 'prorogued' or adjourned by royal prerogative and only be reopened after the Queen has announced the intentions of her Government for the next session. MPs, after a quick reality check, then go about the business of debating the Queen's Speech in its entirety.

The contents of this Queen's Speech, expected on or around November 13 will, as ever, be of interest to pharmacists. It is almost certain that the Secretary of State for Health, Alan Milburn, has won Parliamentary time for another Health Bill, which is likely to amend the audit and inspection aspects of the regulatory structure for all healthcare workers.

The Government's commitment to extra funding for the NHS has been coupled with the need for further organisational reform, much of which will

require primary legislation.

The Bill is therefore likely to underscore the promises made throughout the last session of Parliament by the Secretary of State. Legislation will pave the way for yet more solutions to old NHS problems, most notably by continuing the Government's programme of devolving power to hospital level.

The Department of Health will make provision for a new Commission for Healthcare Audit and Inspection (CHAI) for England and Wales. This body will take over the work of the Commission for Healthcare Improvement (CHI), the private health inspection function of the Care Standards Commission and the value for money function of the Audit Commission. CHAI has been envisaged as a new tough independent healthcare regulator

or inspectorate covering both the NHS and the private sector, with a new chief inspector of healthcare, independently appointed and reporting directly to Parliament on an annual basis.

Also bubbling under at the DoH are commitments to establishing an NHS University and, in England, an arms-length NHS bank. At a fringe meeting at the Labour Party conference organised by the pharmacy bodies and the Social Market Foundation, Alan Milburn was passionate in his support of an NHS University, which, he said, is to be "a real university, with real degrees".

However, in the first instance it only looks likely to address the basic training needs of NHS staff.

The autumn's legislation aimed at establishing foundation hospitals as "public interest companies" that are fully

independent from Whitehall control, is set to crystallise the ideological differences that dominated the party conference season. Crucially, the hospitals will be given the freedom to borrow from either private or public lenders.

This aspect of the Bill will reflect the Downing Street détente that ended the argument between the Treasury and DoH over the new hospitals' borrowing powers. However, the debate could expose the internal governmental rifts that exist over how best to manage private sector involvement in the public sector. Expect the Conservatives to exploit these issues in an odd-couple alliance with Labour backbenchers and trade unions who will have serious misgivings about yet another move away from the "purity" of the public sector model.



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Comment

from the Editor

Any initiative that improves patient health, reduces medicines wastage and allows patients to get involved in their treatment is to be applauded. The proposed 'Ask About Medicines Week' campaign, which aims to achieve all of the above (see page 4), is no exception. Similar campaigns in Australia, Finland and the USA have demonstrated positive health benefits and hopefully we can expect similar results here.

Besides the patient benefits, such schemes allow healthcare professionals to forge closer links with their patients, and allow PCTs with their cost-cutting agenda to save money through a reduction in medicine wastage.

A win-win situation all round it would seem – or is it?

Community pharmacists already provide an excellent but unpaid source of information for patients, and while the proposed scheme will promote the pharmacists' standing within the community, the pressure on their time is reaching

critical point. Huge increases in prescription numbers, coupled with locum shortages in some areas, mean many pharmacists are working harder and longer for a diminishing dispensing fee.

If just 1 per cent of the population are encouraged by this campaign to visit their local pharmacy during the awareness week, that adds up to nearly 50 extra consultations per pharmacy for the week. At 5 to 10 minutes per consultation that's an extra 4 to 8 hours out of an already busy week, and there has been no mention of payment. Unless the problem of cost is tackled then any such scheme will not achieve its aims. The ball is firmly back in the Government's court. It stands to benefit substantially if the drugs bill can be cut, so is it prepared to pay pharmacists for their input?

Pressure on pharmacists' time is reaching critical point

Your views

Please e-mail your views to chemdrug@cmpinformation.com

In defence of Gaviscon liquid in the sodium content debate

We have followed with interest the ongoing debate regarding the sodium content of medicines. Subsequent to the letter from Mr Shaun Green, MRPharmS (*C&D*, Oct 19, p13) in which he highlighted our product Gaviscon liquid as target for a reduction in prescribing based on its sodium content, we feel we must address some of the issues raised.

Mr Green has correctly stated the sodium content of a 20ml dose of Gaviscon liquid, although this is the maximum recommended dose and IMS data suggests that most patients will be taking less than this maximum dose in absolute terms. We also consider it important to put this amount of sodium into perspective in terms of a patient's dietary intake of sodium chloride, which has been identified as the primary source of sodium to the body. For example, two slices of white bread contain approximately 390mg of sodium, compared to 282mg of sodium in a 20ml dose of Gaviscon liquid.

We strongly agree that GPs need to consider both cost and clinical efficacy when prescribing any product. Gaviscon liquid is clinically proven to be an effective anti-reflux treatment, and has been on the UK market for over 28 years. We know of no data proving that Gaviscon liquid either causes or exacerbates hypertension. Indeed we would urge Mr Green to provide us with the data to support his statement that Gaviscon "negates in part their [patients'] anti-hypertensive drug therapy, leading to higher doses and increased costs of these drugs being prescribed."

Mr Green then goes on to advocate the use of an alternative product, Algicon. However, we believe that this preparation should not be seen as a direct replacement for Gaviscon, for the following reasons:

1. Algicon is an alginate/antacid-based preparation, and as such has potential interactions and precautions associated with antacid formulations. Gaviscon

liquid is a reflux suppressant, not an antacid, and therefore has none of the above precautions for usage.

2. Gaviscon is aluminium, magnesium and sugar-free.

Algicon liquid contains both aluminium and magnesium, and Algicon tablets contain 1.5 grams of sucrose per tablet.

3. Published data shows that Gaviscon liquid forms a stronger, more resilient alginate 'raft' than Algicon liquid¹ and hence can provide a more effective barrier to prevent reflux associated symptoms such as heartburn.

4. Gaviscon liquid has been clinically proven to be effective for use during pregnancy, and all serum sodium and hypertensive measurements carried out during the clinical trials showed no causal effect of sodium increases, or any associated hypertensive episodes.²

In addition, we would point out that there are other Gaviscon products which offer prescribers or recommenders an alternative presentation with reduced sodium levels. Gaviscon Advance contains

63 per cent less sodium than Gaviscon liquid at recommended dosage levels. Gaviscon Advance contains 4.6mmol of sodium per 10ml dose and provides additional raft strength and resilience compared with both Gaviscon liquid and Algicon liquid.¹

While this is a valid debate, we strongly feel that Mr Green's letter represents a personal opinion and that a more balanced view would better equip those who need to make prescribing or recommending choices for their patients. And, where recommendations are made, that these are done on the basis of the relevant facts, with due consideration for the potential outcomes, whether cost benefit or clinical appropriateness.

**Dr Tim Baxter, medical director
Reckitt Benckiser**

References:

1. Burkitt V et al, Data presented at the 6th OESO World Congress, Paris, September 2000.

2. Reckitt Benckiser, Data on File. (See Schwarz Pharma letter on page 27)

Successful treatment of warts with silver nitrate

Your article 'Use only salicylic acid to treat warts' (*C&D* September 7, p22) misrepresents the report by Gibbs *et al* which it purports to quote (*BMJ* 2002; 325: 461-4).

Gibbs's review itself appears scientifically and methodologically sound within the terms of reference claimed. It is significant that the authors do point to a lack of high quality evidence within the body of literature reviewed, due at least partly to the varied nature of warts and the heterogeneity of study design.

Because of the nature of the beast, such difficulties have always prevailed within this field. It is probably valid (for me) to say that most of the highest quality research has been performed in the name of salicylic acid, but Gibbs *et al* did not specifically conclude that only salicylic acid should be used to treat warts, which is the general message of your article.

We, for example, have manufactured silver nitrate caustic 'sticks' for the treatment of warts and similar for nearly a century. Our extensive contact with chiropodists and other medical professionals during this time has provided us with a critical mass of 'anecdotal evidence' that silver nitrate treatment is comparable with, if not superior to in many cases, other treatments such as salicylic acid.

Anecdotal experience is regarded at best as inadequate, at worst as profane, but anecdotes do build evidence. As well as reporting their general success with silver nitrate caustics, customers and other contacts have often told us of their specific desire to treat warts (rather than leave them alone) in spite of the notion that (extra genital) warts/verrucae are harmless.

Few of us are completely unfamiliar with the extremely painful plantar verruca, suffered by many adults and even more youngsters. We would argue forcefully that to a rapidly developing child, for instance, a verruca can have a lasting effect on his/her stance, gait, and future general health.

You might direct your readers not only to the review itself, but also to the list of responses.

Dr SJ Pearce
Bray Health & Leisure

TOPICAL REFLECTIONS

Squeezing blood from the DoH stone

As I read Sue Sharpe's progress report on my new contract, health minister David Lammy's vision of my role in his new NHS and Ewan Davis's lament on the wasted opportunity for integrating pharmacy computer systems into the NHS IT (all articles in *C&D* October 19) I see a Government squirming to avoid its financial responsibilities.

Grandiose schemes are raining down thick and fast but will all be doomed to failure unless someone tackles the problem of cost? In my average pharmacy, I already employ a fully trained dispensing technician and excellent medicine sales assistants. But in order to also provide greater patient advice, repeat prescribing, clinical governance, adverse event reporting and CPD I am told that I can delegate greater responsibility to my staff!

Perhaps I live in cloud cuckoo land, but apart from putting in for an eight day week I cannot see

how, on a 90p per item fee, there is the remotest possibility of me delivering on any of these role extensions. And that is without investing in the necessary new wave of integrated computer systems, taking on the responsibility of patient medication management and updating my premises to accommodate professional consultation facilities.

I could go on but I think the picture is clear. A vision for the future has not just been rosily painted but is now deliverable. Yet it will not happen without money that is directly earmarked for the expansion of pharmacy services. Promises of locally devolved money over which I have to fight tooth and nail with local GPs will achieve nothing.

I say to David Lammy: come down to my pharmacy. See how I work and what it already costs me to deliver the present service. Then tell me how you will ensure that I am able to deliver your vision and stay alive!

I told you so

Last year GlaxoSmithKline was unable to supply Ventolin and Becotide Rotacaps. The situation was eventually resolved but not before many patients had been temporarily switched to an alternative delivery mechanism.

At the time I said I could see no sense in continuing with Rotacaps, since it was an outdated system and the supply problem provided the ideal opportunity for consolidation to switch patients to more modern equivalents. My comments went unheeded and eventually Rotacaps reappeared.

Undeterred, some of my more stalwart patients then returned to their tried and trusted medication.

Now the whole process will have to be repeated because, lo and behold, GSK has decided that the demand for Rotacaps is too low and it will no longer manufacture the brand.

To be fair, GSK has given 12 months' notice and I do expect its next letter – early next year – will outline full compensation procedures. But if it had only listened to Xrayser none of this would have been necessary!

True dispensing is a dead art

Last week I criticised the reimbursement systems that encourage the high pricing of specials. This week in the *NPA Supplement* is a warning that specials are also an easy way to lose money!

I was trained in an era where stock mixtures were the norm and winchester bottles occupied at least 50 per cent of the dispensary. I even had a wet manufacturing area where the Apothecaries' Hall trainees made up bulk batches of mixtures, gargles and embrocation.

In those days prescribing was more basic but dispensing was great fun. The numbers game had not yet really started and at least the on-cost system allowed for a reasonable reimbursement. Now I am told that for providing 100ml of potassium permanganate solution 0.1% I will be reimbursed 1p! The sting in the tail is that many young pharmacists feel inadequately trained to dispense the last few extemporaneous preps left in the tariff and to protect the patient, source them if necessary, from specials manufacturers. The NPA has quite rightly warned about the financial consequences, but we should now accept that the art of dispensing is truly dead and remove these last vestiges of a past age from the pages of the *Drug Tariff*.



Road to nowhere?

Pharmacy student **Jenny Cowling** certainly hopes not after five years of training. She shares her hopes for the future with *C&D*

Starting as a counter assistant in a community pharmacy, I loved chatting with people and feeling as if I made a real, if only small, difference to their lives.

As a pharmacy student I have continued to work as a counter assistant and have met a variety of pharmacists. But many have said the profession is a dead end. They say there is no longer much opportunity to work towards owning a pharmacy business: the hours are long and there isn't the support for pharmacists.

Before I started university I had a vision of being able to make a useful contribution, now I worry that in community pharmacy I will end up stuck in a dispensary with little support, and be unable to put the skills I have learnt at university into practice.

For undergraduates, mythology still surrounds hospital and community pharmacy careers, with community being seen as the easy option, with little prospect of clinical development and hospital being more challenging but badly paid. Having just finished the third year of the MPharm degree, I recently submitted my pre-registration applications. At the time there was much heated debate between friends at university about which was better, community or hospital placements. Two clear camps emerged, those committed to community and those to hospital. It seems that this divide carries on after registration, with little appreciation of the different roles of pharmacists across the two sectors. This came across in talks given to undergraduates by

representatives of the sectors, who seemed determined to do battle. There is one common theme, however, between the two sectors – no one wants to be stuck in the dispensary. The talk about the future roles of pharmacists has rubbed off on students who are aware there is more to pharmacy than counting tablets.

Expectations of students have also changed with the introduction of the four-year degree. Students at Brighton School of Pharmacy are encouraged to approach practice as an equal in a healthcare team, to have patient contact and to learn how to manage medicines.

The RPSGB says: "Over the past two decades schools of pharmacy have radically

Continued on page 18

Wilkinson Sword is phenomenal in disposables growth

Shaving expert Wilkinson Sword is experiencing phenomenal growth across its entire disposable razor portfolio.

With a year on year increase of +48.6% in value, Wilkinson Sword is the fastest growing brand in the sector, outperforming the market which is declining year on year at 1.4%¹.

The latest data shows the highest market share yet for Wilkinson Sword's Xtreme™ 3 (11.4%) plus the fastest growth (+47.6%) across the total female disposables market. Wilkinson Sword's female disposable razors – Xtreme™ 3 Beauty and Extra II For Women – currently claim an impressive 30% share of



the market. Xtreme™ 3 Beauty also hits its highest share (18.2%) in the female disposables market.²

This record growth follows a series of exciting and innovative promotional initiatives for Wilkinson Sword's Xtreme™ 3 brand. Wilkinson Sword launched a national campaign to drive awareness of its Xtreme™ 3 brand via a major new marketing initiative, the *Cutting Edge of Comedy Talent Hunt*. It also coincided with a TV ad campaign featuring

world-class tennis star and dynamic sports personality André Agassi throughout the BBC's Wimbledon coverage.

Wilkinson Sword has been leading the way further by pioneering a new breed of triple blade razor – Xtreme™ 3 Premium for Men – a leading-edge and stylish razor with 3 easy-rinse blades which flex and pivot for extreme closeness. Aimed at style-conscious male shavers, the razor offers a 'go anywhere' triple-blade shaving solution for men with busy lifestyles. It offers the closest disposable shave from Wilkinson Sword.

Sales of Premium twin blade razors Extra II and Extra II for Women are also contributing to Wilkinson Sword's leading presence in the market.

Explains Wilkinson Sword Trade Marketing Controller, Neil Murray: "Performance combined with convenience are major factors in driving propensity to purchase. Today's increasingly discerning consumer not only expects a great shave, but equally looks for ease of use and the leading edge technology you would normally expect from a

super system.

"This is exactly what the Wilkinson Sword Xtreme™ 3 range delivers – a triple blade premium razor with the ease of use of a disposable, thus offering an ideal shaving solution for today's busy consumer."

For more sales information telephone 01494 556109 or access our website www.shaving.com

Don't forget Christmas

Latest research demonstrates that men are the main cause of last minute shopping, with more than a third leaving it to the last minute. Retailers can now maximise on this with over half of C2D males aged between 25-44 buying toiletries at Christmas.³

Wilkinson Sword is now increasing sales potential by offering Christmas Gift Sets to suit everyone's Christmas budget (starting at rrp £5):

Christmas Gift Pack includes:

- Protector 3D Diamond
- Glamour – Lady Protector+
- Heritage Protector 3D Diamond
- Manchester United – Regular, Sporty and Complete Gift Set



The new sponsorship deal with Manchester United is expected to see Wilkinson Sword Christmas Gift Sets leverage brand awareness and appeal to 11 million supporters to create maximum saliency around the range.

For the female market, Lady Protector+ glamour gift set, in colourful lilac packaging, consists of the popular Lady Protector+ razor and three compact lipsticks in this season's hottest shades: Crimson Crush, Bronze Shimmer and Candy Pink. All gift packs offer great Christmas gifting ideas, so retailers are encouraged to stock up.



1. Based on IRI (14 July) Total G.B. – 52 W/E 14 July 02
2. Based on IRI (14 July) Total G.B. – 4 W/E 14 July 02
3. Mintel Research Xmas gifting 2000

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www.motilium.co.uk

Johnson & Johnson MSD

reformed the subject matter and the delivery methods of their degree courses." The aim of this is to prepare students for "engagement in diagnosis, prescribing and public health".

After all this training I therefore expect to play a role in pharmaceutical care after leaving university. Whether I continue to do this in a traditional setting will probably depend on the opportunities available to me immediately after I finish the pre-registration year.

The introduction of cross-sector pre-registration training aims to give a broader range of experience to students. I am excited that several PCTs now offer pre-registration posts. For example, Arundel PCT offers a three month placement with nine months spent at Worthing and Southlands NHS Trust. I think this will help break down the divides between pharmacists and give an insight into a growing pharmacy sector. With developments in primary care creating more opportunities for pre-registration places more people may decide to do at least some of their pre-registration year in a PCT.

Cross-sector training is also increasingly being continued after registration with a number of programmes to give junior pharmacists experience. An integrated two-year training programme between a PCT and community pharmacies has been established in south Essex. The funding for community placements comes from the savings made by community pharmacy managers from locum costs. Veronica Wray, head of publications at the NPA, which offers a pre-registration place in its information department, says the way forward is with all agencies working together from hospital discharge to community care. I agree with this view and feel that cross-sector training will give newly-qualified pharmacists an appreciation of the roles of their colleagues, whatever sector of pharmacy they are working in.

I am sure some of the issues I have raised in this article may be old news and the concerns the same as pharmacy students had 30 years ago. I may also have a different view of how things are in practice after working in the 'real' world. I do think, however, that there must be some reconciliation between the expectations of students and the reality of the working world.

Having said that, it seems pharmacy students are not the only ones to have concerns about how they are unable to fulfil the potential their training has given them. The

Jenny's time with us here at C&D left her with the impression that pharmacists feel ignored and undervalued



"After all this training I expect to play a role in pharmaceutical care after leaving university"

thing I have noticed most during my time at C&D is the disillusionment pharmacists feel. Many think that pharmacists are left out of important decisions and not held in the same high regard as other healthcare professionals. This has been highlighted in a survey of community pharmacists under 50 conducted by The School of Pharmacy, University of London. Just over 90 per cent of participants felt the Government undervalued their skills and abilities.

The report suggests that change could occur in response to this dissatisfaction. "Community pharmacy in England does not yet enjoy the status and role many of those working in it want, and believe, it deserves. But change is now in progress. Within five to 10 years it will play a much more central role in primary healthcare. This revolution is being driven by younger, better-educated pharmacist with the desire for a more fulfilling role."

From the report it is clear that 95 per cent of pharmacists agreed the future lies in more direct patient contact and clinical practice. A discussion paper by the Department of Health, announced at this year's BPC (C&D Sept 28, p5), may go some way to answering the question of how this can be achieved.

Pharmacy Workforce in the New NHS: making the best use of staff to deliver the NHS Pharmacy Programme proposes maximising the potential of technicians to allow more time for pharmacists to participate in providing other services. Participants in the School of Pharmacy survey agree with this strategy, with 70 per cent of respondents saying that pharmacists should only be involved in dispensing in exceptional circumstances. How this will proceed will depend on various factors not least the remuneration pharmacists can expect for their services.

I do not want to be cynical but no timescale has been given for these proposals and I wonder when we may actually see all the radical changes talked about for so long. However, I do believe that one day, soon hope, pharmacists will no longer be the enigmatic figure a customer never sees but a provider of healthcare. If not, I for one will be looking to use my skills somewhere other than a community or hospital pharmacy. You never know, maybe I'll become a journalist. ☺

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In the first of two articles on osteoarthritis, *Dr Mike Mead* looks at diagnosis and self-help measures

The painful joint



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This course (module 1251), in association with multiple choice questions being published in C&D November 2, provides one hour's continuing education

Osteoarthritis is a disease of joint degeneration and destruction. The main feature is a loss of articular cartilage within the affected joint but this is not just a 'wear and tear with age' phenomenon.

We now know there is a dynamic process of repair and destruction of cartilage in a joint. Cells called chondrocytes manufacture and maintain articular cartilage, and are key to the proper functioning of the joint. Reparative and destructive processes within the joint depend on chondrocyte function, which in turn depends on outside influences such as trauma, inflammation and specific chemical factors like interleukins.

This dynamic equilibrium of destruction and repair means that there is increasing hope we can influence, with drugs, some of the pathological processes causing osteoarthritis. Associated with the loss and erosion of cartilage, there is often a local overgrowth of bone near the joint; these bony outgrowths are called osteophytes.

Rheumatoid arthritis will be the subject of a later article.

Osteoarthritis is the most common joint disease seen in daily clinical practice, affecting nearly two-thirds of patients over the age of 65 (slightly more women than men) and 80 per cent of the population aged 75 and over. Even in the age group 45–64 about a quarter of patients have some degree of osteoarthritis, making it one of the most common disabling conditions in

the community. As our population ages, osteoarthritis will consume an increasing percentage of our healthcare budget in terms of services (physiotherapy, occupational therapy), prescribing spend and surgical intervention (mainly hip and knee replacement surgery).

Osteoarthritis affects all races, being a truly worldwide disease, although it is more common in white people than in the black or Asian population.

There are six main risk factors for the development of osteoarthritis:

1. Physical and mechanical stress. If you repeatedly put stress on a joint, it is likely to be at higher risk. This explains the earlier incidence of osteoarthritis in weight bearing joints in those with physically demanding occupations or sportsmen/women.
2. Genetic. There is a genetic influence – a patient with a first-degree relative with osteoarthritis has twice the risk as a patient without such a history.
3. Obesity. For weight-bearing joints, notably the knee, obesity can be a major factor in the development of osteoarthritis.
4. Previous joint trauma. This is associated with an increased risk of osteoarthritis, as is surgery to a joint (including surgical removal of damaged cartilage).
5. Other diseases. There is a higher incidence of osteoarthritis in patients with other joint problems, such as congenital dislocation of the hip and Perthes disease.
6. Age and sex. As noted above, the prevalence of osteoarthritis

Objectives

- To be aware of risk factors for osteoarthritis
- To appreciate the wider impact of the disease
- To understand how the diagnosis is made
- To be able to educate patients about the disease
- To provide practical advice about self-help



Hans-Ulrich Osterwalder/Science Photo Library

Artwork of a knee joint with osteoarthritis. Where the bones of the thigh and shin meet the cartilage is rough and flaky with broken pieces visible

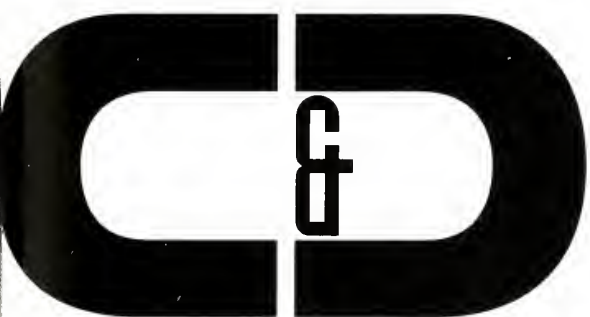
increases with age. The more severe forms are commoner in women than men.

Making the diagnosis

The osteoarthritis process may not lead to symptoms at all, particularly in the early stages.

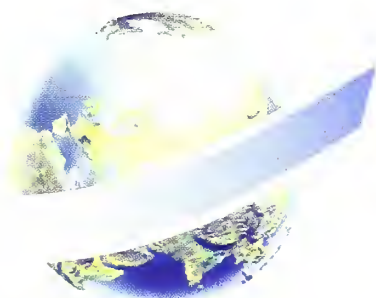
When symptoms and/or signs do occur the patient can present with any combination of joint pain, stiffness, swelling, impaired movement of the joint, cracking/grating of the joint on movement, deformity and instability of the joint.

The joint pain is usually worse



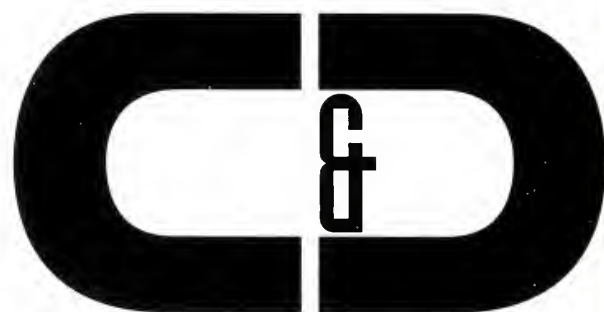
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Lactulose is well established in the management of constipation. It is a synthetic disaccharide that is not orally absorbed but retains fluid in the bowel by osmosis. This changes the pattern of fluid distribution within the stools to facilitate evacuation.

Lactulose is also used in the management of hepatic encephalopathy.

Lactulose syrup contains 3.1-3.7g of lactulose/5ml. It also contains small amounts of free ketoses (lactose and galactose).



Dosage and administration

Dose: Initially 15ml twice daily. Adjusted according to need. Individual doses up to 30ml and daily doses up to 60ml can be used.

Side effects: Abdominal discomfort (flatulence or cramping).

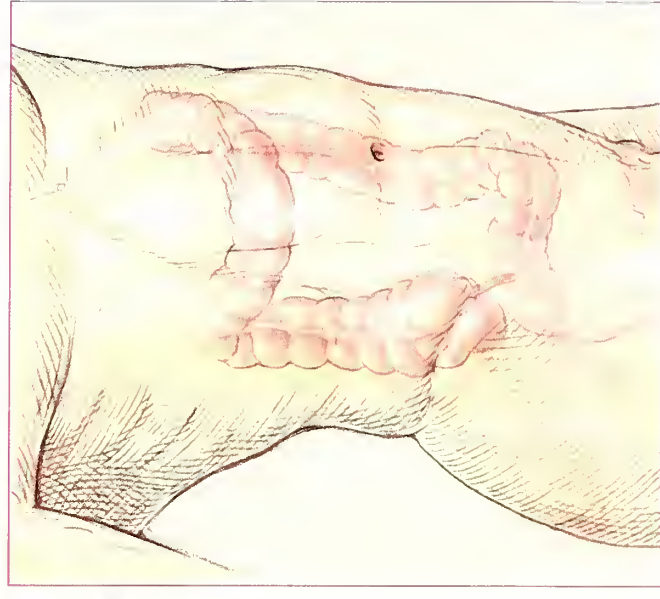
Cautions: Not to be used in patients with lactose intolerance.

Prolonged or excessive dosing may cause diarrhoea.

In diabetes: Safe in diabetic patients as it is not absorbed.

Caution necessary in type 1 diabetes due to the presence of some free ketoses.

Mode of action: Lactulose is broken down by colonic bacteria in the bowel lumen into a number of substances. One of these - lactic acid - exerts a local osmotic effect. Resulting fluid retention and increased faecal bulk help the passage of stools. It may take up to 48 hours to achieve the desired effect.



A condition usually seen in alcoholic liver disease. The liver's inability to detoxify waste products leads to excessive ammonia levels which gives rise to false neurotransmitters in the brain. Symptoms include slow thinking, confusion, slurred speech, stupor, unconsciousness and eventually coma.

Dose: 30ml taken 3-4 times daily, adjusted to produce 2-3 soft stools daily.

Mode of action: Reduced transit time, acidification of stools (conversion of ammonia to ionised ammonium) and killing of nitrogen-producing bacteria all contribute to therapeutic effect.



FORMULARY FACTS

Lifestyle advice is vital in managing constipation

Some people have bowel motions only once every 2-3 days, but evidence supports the notion that everyone should have a bowel movement at least once daily. Initially, dietary changes should be made to achieve this. These include eating more fruit and vegetables and less refined carbohydrates (sugars, cakes and pastries). Dietary fibre intake should be increased with wholemeal and wholegrain starchy foods. Regular exercise and an adequate fluid intake will also help.

Refer patients with any of the following symptoms:

- Abdominal pain
- Duration of more than 14 days without improvement
- Over 40 years old with new symptoms
- Long term laxative use
- Children under 1 year old
- Constipation and not passing flatus
- Alternating constipation and diarrhoea
- Rectal bleeding
- Vomiting.



Types of laxatives

Osmotic laxatives - lactulose and magnesium salts
 Magnesium salts are absorbed and generally not advised for chronic use
 Glycerin suppositories also have some osmotic effect

Bulk forming laxatives - methylcellulose, ispaghula husk and bran
 Mimic natural action of fibre in the gut and not absorbed
 Adequate fluid intake essential to prevent obstruction
 Best avoided just before bedtime due to contents 'swelling' in the gut

Stimulant laxatives - senna and bisacodyl
 Stimulate nerve endings within nerve plexus resulting in increased peristalsis
 Best recommended for infrequent or short term use
 Expect bowel movement within 8-12 hours
 Chronic use has been associated with tolerance and bowel atony

Faecal softeners - docusate sodium
 Detergent agents which reduce surface tension of hard faeces

after use and relieved by rest. As the osteoarthritis worsens, the joint pain may waken the patient at night. Joint stiffness, often in the morning, is a common early symptom, easing after a few minutes of using the joint. Joint deformity and instability are late features of the disease.

1. The hands. The fingers may develop nodes (called Heberden's and Bouchard's nodes), becoming slightly deformed and with the patient losing some power of grip. The most severely deformed hands, however, are seen in patients with rheumatoid arthritis, rather than osteoarthritis.
2. The hips. A painful, stiff hip in an older person is a common reason for a GP consultation and the cause is usually osteoarthritis.
3. The knees. Again, an extremely common presentation is a patient with a painful, stiff knee (usually both knees, with one more affected than the other), often with some associated swelling. Moving the knee can result in a grating sensation, known as crepitus, which is easy to feel with the palm of your hand.
4. The spine. Osteoarthritis affecting the neck or lumbar spine, resulting in a painful, stiff neck or lower back, sometimes with pains down the legs or arms as osteophytes impinge on nerve roots, is one of the most disabling forms. It is one of the most common causes of long-term sickness absence and early retirement from work.

While the above are the joints usually affected, osteoarthritis can affect other joints too, for example, the shoulder or foot.

The most valuable feature in making the diagnosis clinically is often the chronic nature of the problem – the hip or knee pain that persists for months/years, slowly producing more disability with time. Indeed, any sudden deterioration in joint pain must always raise the question of other or additional diagnoses – fracture or infection, for example.

This is not always necessary. For example, an older patient with a painful knee and crepitus on examination or a patient with pain and classic nodes on her fingers will not require further investigation. Investigation is limited to X-rays, as there are no blood tests for osteoarthritis (although normal blood tests are sometimes useful in distinguishing osteoarthritis from rheumatoid arthritis).

X-rays of an osteoarthritis joint may show joint space narrowing, osteophytes and subchondral cysts. However, there is a poor correlation between X-ray findings and symptoms. Most patients over the age of 65 will have intervertebral disc space narrowing of some degree on X-ray but this doesn't mean osteoarthritis is causing their symptoms. As with all diseases, doctors must correlate test results with symptoms and signs on examination before making any decisions on diagnosis and treatment.

The word 'osteoarthritis' is much misunderstood among patients and is often confused with rheumatoid arthritis. In the hands, for example, mention of osteoarthritis quickly translates to 'arthritis' and to visions of a patient with severe rheumatoid arthritis and hand deformity. The outcome for osteoarthritis of the hands can be quite good, with patients retaining much of their function. You need to explain, in a positive approach, that:

- osteoarthritis, while producing pain and stiffness, may not result in significant deformity and is not the same as other forms of arthritis
- there are excellent painkillers available, including new drugs with fewer side effects, and there is every hope of better treatments for the future
- there is a lot that patients can do to help themselves (see below)

and non-drug treatments like physiotherapy can also be of benefit.

- if significant disability does become a problem with osteoarthritis of the hip and knee, surgery today can be effective
- osteoarthritis shouldn't affect the rest of a person's general health – the heart, lungs, blood or blood pressure: it is a joint problem rather than a disease of the whole body (rheumatoid arthritis can affect many other body systems as well as the joints).

With the chronic pain and disability of osteoarthritis, not unnaturally many patients become depressed, which in turn lowers their pain threshold. Identifying depression is important as it is treatable and in many patients one sees a relief in symptoms as the depression lifts.

The following is useful:

The following is useful specific advice to give to the patient:

- reduce weight (if overweight), particularly in osteoarthritis of the knee, where weight reduction can have a significant impact in reducing pain. Although weight loss may not benefit patients with osteoarthritis of the hip, it makes surgery easier if required
- exercise to improve muscle strength around a joint. The patient may already be seeing a physiotherapist for this advice. Otherwise it might just be possible within the confines of daily pharmacy practice to explain some simple exercises, like quads strengthening exercises. An important point is to encourage regular exercise, which will help with both muscle strengthening and weight loss, and this doesn't mean just weight bearing exercise like walking
- use any aids you need to make life more comfortable. This often means a change in footwear – inserting insoles or wearing soft, supporting, cushioned trainers rather than hard leather shoes. There are several walking aids, and a sturdy walking stick for support may make all the difference between undertaking that walk or

staying at home in the chair

- if you need help at home to adapt your toilet, bath, cooking facilities etc, your doctor or nurse should be able to arrange for an occupational therapist to come and assess your home to suggest possible improvements.

The mainstay of non-drug treatment is physiotherapy in all its forms – exercise programmes, local heat and ultrasound, hydrotherapy, etc. Acupuncture and use of TENS machines may benefit some patients.

Dr Mike Mead, a full-time GP in Leicester, is adviser to many medical journals, an author of medical books and lecturer on medical matters in the UK and abroad. He is on the Healthcare Advisory Panel of the Blood Pressure Association and chairman of the ASSET group, which is dedicated to education and training about strokes.

The second article will look at drug treatment of osteoarthritis. The structure of joints was covered in C&D Pharmacy Update, April 13, p23-26.

Actionplan

- 1.** Try to explain why, for osteoarthritic patients, "joint pain is usually worse after use and relieved by rest" yet "joint stiffness, often in the morning, is a common early symptom".
- 2.** Do you know what simple exercises are beneficial for osteoarthritic patients? If not, find out. Then make sure you can explain them to your clients.
- 3.** Find out the availability of physiotherapy in your area. Can you put your patients in touch with suitable people to provide exercise programmes, local heat and ultrasound, hydrotherapy, acupuncture etc.
- 4.** Find out where to get walking sticks and other aids to daily living.

- Epilepsy (1250) ● Osteoarthritis part 1 (1251)



in association with



GENUS PHARMACEUTICALS

Scriptlines

Motipress discontinued

Sanofi Synthelabo has discontinued Motipress tablets (fluphenazine 1.5mg and nortriptyline 10mg) in the UK with immediate effect. Also, Phisomed (chlorhexidine) will be discontinued on November 1.

For more information:

Sanofi Synthelabo
Tel: 01483 505515.

Hypertension risk of Neoral

Information on the risk of benign intracranial hypertension has been added to sections 4.4 (special warnings and precautions for use) and 4.8 (undesirable effects) of the Neoral and Sandimmun SmPCs. Due to the risk of permanent visual loss, cyclosporin should be withdrawn if benign intracranial hypertension is diagnosed, says Novartis.

For more information:

Novartis Pharmaceuticals
Tel: 01276 692255.

Tacrolimus appears safe and effective

Tacrolimus ointment (Protopic) is an effective, novel treatment for moderate or severe atopic dermatitis, according to the *Drug and Therapeutics Bulletin*.

In children, the lower strength (0.03%) has been shown to be more effective than 1% hydrocortisone acetate. The higher strength ointment (0.1%), licensed for patients over 16, appears as effective as 0.1% hydrocortisone butyrate.

However, tacrolimus is more expensive than topical corticosteroids and there is no published evidence of its use in the licensed patient group eg those with atopic dermatitis that have responded inadequately to conventional therapy.

The DTB says it may be useful where corticosteroids should be



Try Tacrolimus for atopic dermatitis

avoided, such as the face, and short-term use appears safe and well-tolerated but longer term safety studies are needed.

Tacrolimus, a topical immunomodulator, is thought to work by inhibiting the activation of T-cells and inhibiting the release of mediators from skin mast cells and basophils.

For more information:

DTB, Vol 40, No 10 October 2002
www.which.net

Website for cancer nausea

A website designed to help people suffering from chemotherapy-induced nausea and vomiting was launched at a European oncology conference last week.

Up to 50 per cent of cancer patients may delay or refuse chemotherapy because they are afraid of associated nausea and vomiting and 40 per cent of patients suffer needlessly from nausea and vomiting induced by chemo- or radiotherapy.

The website includes dietary advice, fact sheets and a symptom diary that can be downloaded, anti-emetic treatment options, a



list of chemotherapy and the risk of nausea and vomiting for each treatment.

The website is supported by an

educational grant from Roche Pharmaceuticals.

For more information:

www.cancernauses.com

Tight control of diabetes is cost effective

Tighter control of blood glucose levels and blood pressure in people with type 2 diabetes is effective at reducing the complications associated with the disease and is cost effective.

The United Kingdom Prospective Diabetes Study (UKPDS) of more than 5,000 people estimated the total cost of implementing policies of intensive control of blood glucose (<6mmol/l) and blood pressure

(less than 150/85 mmHg) for all patients with type 2 diabetes in England.

The net annual cost would be around £100 million, or about 1 per cent of the planned increase in annual expenditure on the NHS between 2001-5. Although there will be many extra claims on these additional resources the authors say that funds should be allocated to interventions of proved clinical and cost

effectiveness that will benefit many people.

The study, published in the *BMJ*, concludes that the advent of primary care trusts and the National Service Framework for Diabetes should help to create new incentives and mechanisms to adopt these improved standards.

For more information:

BMJ, 2002; 325: 860-863
www.bmj.com

Nicorette Gum Abbreviated

Prescribing Information.

Presentation: Nicorette 4mg gum and Nicorette 2mg gum contain 4mg and 2mg of nicotine respectively in a chewing gum base. Original, Citrus or Mint flavour.

Indications: For the relief of nicotine withdrawal symptoms as an aid to smoking cessation.

Dosage & Administration: Each piece should be chewed slowly for 30 minutes. After 3 months ad libitum dosage, Nicorette gum should be gradually withdrawn. **Maximum recommended daily dose:** Nicorette 4mg gum: 15 x 4mg pieces. Nicorette 2mg gum: 15 x 2mg pieces. Not to be used by people under age 18 unless recommended by a doctor.

Precautions: Peptic ulcer, angina pectoris, recent myocardial infarction, serious cardiac arrhythmias, systemic hypertension, gastritis. **Contra-indications:** Pregnancy & Lactation: If the patient cannot give up smoking without NRT then a risk/benefit assessment should be made. **Special Warnings:** Rarely dependence. **Adverse Effects:** Gums: Occasional hiccups, indigestion, hypersalivation, throat irritation, allergy, mouth ulcers. **Pharmaceutical Precautions:** Do not store above 25°C. **Legal Category:** Nicorette 2mg gum & Nicorette 4mg gum, GSL. **Package Quantities & Cost (all trade prices correct at time of printing):** Gum: boxes of 15 pieces, 30 pieces and 105 pieces, in blister strips of 15 pieces. Nicorette 4mg gum (PL00032/0249, PL00032/0251, PL00032/0295), (£2.11) (15), (£3.99) (30), (£10.83) (105). Nicorette 2mg gum (PL00032/0248, PL00032/0250, PL00032/0283) (£1.71) (15), (£3.25) (30), (£8.89) (105). **PL Holders:** Pharmacia Limited, Davy Avenue, Milton Keynes, MK5 8PH, UK. Tel. 01908 661101.

References: 1. Meyers AW, Klesges RC, Winters SE et al. Are weight concerns predictive of smoking cessation? A prospective analysis. *Journal of Consulting & Clinical Psychology* 1997;65(3):448-452. 2. Danielsson T, Rossner S, Westin Å. Open, randomised trial of intermittent very low energy diet together with nicotine gum for stopping smoking in women who gained weight in previous quit attempts. *BMJ* 1999;319:490-493. 3. Pomerleau CS, Pomerleau OF, Namenek RJ et al. Short-term weight gain in abstaining women smokers. *Journal of substance abuse treatment* 2000;18(4):339-342. 4. Tobacco Use and Dependence Clinical Practice Guideline Panel. A clinical practice guideline for treating tobacco use and dependence. A US Public Health Service Report. *JAMA* 2000;283:3244-3254. 5. Doherty K, Millitello FS, Kinnunen T et al. Nicotine gum dose and weight gain after smoking cessation. *Journal of consulting and clinical psychology* 1996;64:799-807. 6. Hughes JR, Gust SW, Skoog K et al. Symptoms of tobacco withdrawal. *Arch Gen Psychiatry* 1991;48:52-59. 7. Tonnesen P, Fryd V, Hansen M et al. Two and four mg nicotine chewing gum and group counselling in smoking cessation: an open, randomised, controlled trial with a 22 month follow-up. *Addict Behav* 1998;13:17-27. 8. Herrera N, Franco R, Herrera L et al. Nicotine gum, 2 and 4 mg, for nicotine dependence. A double-blind placebo-controlled trial within a behavior modification support program. *Chest* 1995;108:447-451. **Date of preparation:** September 2002.

PB279/08/02.

nicorette
nicotine

15mg patch for 16hr use

Now smokers
can beat
cigarettes while
keeping their
weight
under control.

67>>>



Quitting smoking can be heavy going. Weight gain can be a major barrier to smokers' quit attempts¹ and can also lead to relapse.²

But with Nicorette Gum you can help smokers delay weight gain beyond the critical first few days of cessation and for up to 3 months with constant use.²⁻⁵ Proven to reduce the incidence and severity of hunger compared to placebo,⁶

Nicorette Gum offers them twice the chance of success over willpower alone.^{7,8} So to help smokers beat cigarettes whilst controlling their weight, recommend Nicorette Gum.

nicorette
nicotine

Twice as likely to succeed*

* Compared to willpower alone.

Feel the force

Bioforce is supporting Echinaforce with a radio advertising campaign on Classic FM in January, when demand for the product peaks. During the winter the brand will also be backed by consumer magazine advertising, escalator posters on London Underground, and leaflets and posters in GP surgeries.

For more information:

Bioforce UK
Tel: 01294 277344.

Award winning Seven Seas

Seven Seas has been awarded two titles at magazine *Top Sante's* first health and beauty awards: 'The Health Product You Can't Live Without' and 'Best Vitamin and Mineral Brand'. The awards are based on the views of 3,000 consumers, who voted for their favourite brands.

For more information:

Seven Seas Health Care
Tel: 01482 375234.

No monsters with Zovirax

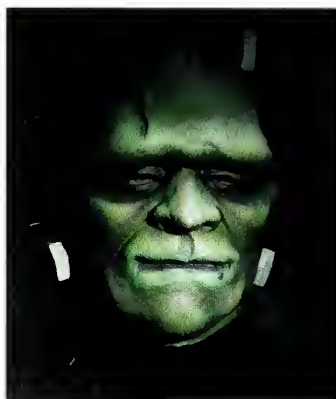
GlaxoSmithKline's Zovirax cold sore cream will feature in a new national TV campaign from November 11 until the New Year.

The ad builds on Zovirax's established theme that you do not need to hide away when suffering from cold sores.

A man is shown apparently hiding behind a monster mask because he has cold sores. Discovering Zovirax cold sore cream puts a smile back on his face.

The mask represents how the man feels rather than what everyone around him sees, while the ad stresses that men can also suffer from cold sores.

The £1 million campaign will appear on selected ITV regions, Channel 4 and satellite stations. They will be backed by advertisements in the women's



press, which will target 16-34 year-olds. The titles involved will include *Marie Claire*, *Now*, *Cosmopolitan* and *19*.

For more information:

GlaxoSmithKline Consumer Healthcare
Tel: 020 8047 2700.

Colgate updates toothpaste brands

Colgate-Palmolive has updated a number of toothpaste lines: Colgate Sensation + Whitening 100ml, rrp £2.49, replaces Sensation 100ml. The new version also comes in a 50ml pack at £1.49.

There is also a new Colgate Whitening 100ml pump at £2.89 and a Colgate Total + Whitening 100ml pump at £2.46.

Colgate Herbal + Whitening 100ml toothpaste, rrp £2.49 replaces the Herbal 100ml toothpaste.

The herbal/whitening newcomer also comes in a 50ml pack at £1.49.

For more information:

Colgate-Palmolive
Tel: 01483 302222.

BR offers half again free

BR Pharmaceuticals is running an extra-free promotion on High Strength Cod Liver Oil, Echinacea and Glucosamine Sulphate until the end of the year.

Consumers are being offered 45 Glucosamine Sulphate tablets for the price of 30 (£1.49); 50 High

Strength Cod Liver Oil tablets for the price of 30 (99p); and 40 Echinacea tablets for the price of 30 (99p). Stockists can get a free dumpbin and counter display unit.

For more information:

BR Pharmaceuticals
Tel: 0113 275 0000.

TVnext week

Accu-Chek Compact: C4

Clearasil: All areas except GMTV

Lucozade Sport: All areas except U, CTV, GMTV

Macleans 40+: Sat

Nicorette 16 hour patch: All areas

Ribena: All areas except U, CTV, GMTV

Sensodyne Total Care: All areas except U, CTV

Seven Seas NeutraTaste: B, G, Y, A, M, TT

Seven Seas Pure Cod Liver Oil: C4

Syndol: C, C4, GMTV

Tena Pants Discreet & Tena Lady: All areas except U, CTV, C4, C5

Zantac: All areas except U, CTV, GMTV

PharmaSite for next week: Tixylix – Window, Tixylix – In-store, Otrivine – Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

LEMSIP

LEMSIP'S COLD AND FLU SALES FORECAST



✓ Last week of September's sales 9.5% up versus the same week last year¹.

✓ £3.5m Lemsip TV campaign starts 11th November.

Commentary

Lemsip predicts that Cold & Flu sales will decline slightly over the coming week as we leave the traditional back to school peak that occurs in September / October. The sales uplift for the main seasonal peak is forecast to commence in mid November. Use the weeks between now and mid November to replenish stock sold in September and merchandise shelves to make your fixture easy to shop by consumers.

The new Lemsip TV adverts for Lemsip Cold + Flu Max Strength Direct Lemon and Lemsip Max Strength Sinus Relief Capsules start on 11th November. Ensure these products are in stock and displayed prominently in-store to ensure the maximum sales uplift from the £5m brand spend.

**RECKITT
BENCKISER**

¹ IRI Major Multiples Cold Treatments & Decongestants Unit sales
1 week ending 29th September 2002 vs 1 week ending 30th September

The Convenient New Accu-Chek Compact Diabetes care has evolved

Only
£20
RRP £25
Offer valid until 31st December 2002



**Now
on TV**

ACCU-CHEK[®] Compact

Virtually Pain-free Testing the convenient way

New Accu-Chek Compact is our most convenient system ever. Inside the Accu-Chek Compact meter is a unique built-in 17-strip drum that eliminates the need to carry separate strips. Whatever your customers are doing, new Accu-Chek Compact will be ready when they are. The Accu-Chek Compact System gives them everything they need to start testing straight away. Virtually Pain-free Testing has never been more convenient.



- 100% no quibble lifetime guarantee
- Virtually Pain-free Testing
- Free batteries and quality control solutions for life
- Free blood glucose system helpline
- Simple to use
- Everything you need to get started straight away

- First ever system with built-in 17-strip drum
- Automatic coding – no need for calibration chips
- Accurate results in just 15 seconds
- Clean, modern design, with flip up screen guard and large clear display

For more information please call the Accu-Chek
Customer Careline on 0800 701000 (UK)
or 1 800 709600 (Ireland) or visit our website www.accu-chek.co.uk

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Live life. The way you want.

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The healing power of static magnets

An independent review of magnetic pain management studies carried out for LadyCare Health Products has concluded that static magnets are highly effective analgesics.

Dr Nyjon Eccles, a GP who also has a PhD in pharmacology, reviewed all the studies concerning magnet pain management over the last 40 years.

Ten of the reviewed studies were placebo controlled, and nine of these showed magnets to be "significantly effective" according to Dr Eccles.

A full copy of his review *Static Magnets Relieve Pain... The Evidence*, is available free to pharmacists by emailing: mail@ladycarehealth.com

For more information:

LadyCare Health Products Ltd
Tel: 0117 972 8883.

Smoothing out ageing skin from within



Evelle is a new supplement designed to "fight wrinkles from the inside". It contains 10 ingredients that have a positive influence on the health and appearance of the skin – vitamins

C and E, selenium, silicon, blueberry extract, lycopene, zinc and biotin, as well as the patented Bio-marine complex and Pycnogenol.

The antioxidants help reduce skin damage caused by free radicals, while biotin is important in cell division to help maintain healthy skin, nails and hair.

Silicon is used in collagen formation. Pycnogenol, a powerful antioxidant, is a maritime pine bark extract that helps maintain the structure of collagen and elastin in the dermis. Bio-marine complex is a source of chondroitin sulphate, important for the skin's support structures and to aid hydration.

The dose is two daily. The supplement is not recommended in pregnancy, but there are no known drug interactions or contra-indications.

Researchers at the Skin

Investigation and Technology Institute in Hamburg, Germany, carried out placebo-controlled trials in 62 women aged 45-73 years.

After three months the women taking Evele had significantly smoother skin than those taking the placebo.

Pharma Nord is using public relations, advertising and direct mail to target women aged 30 years and over. Point of sale includes leaflets, posters and display boxes.

Price: £29.95

Pack size: 60 tablets

Pharma Nord (UK) Ltd
Tel: 01670 519989.

Cough, cold & flu FORECAST

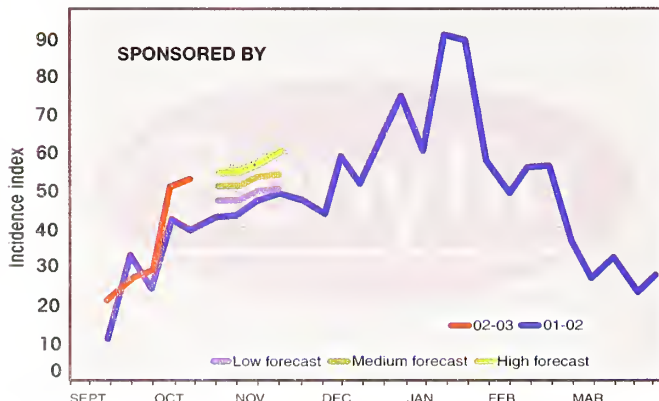


KEY FACTS

- All cities in the UK except Newcastle and Norwich are on Advisory status.
- The year-on-year increase in cold/flu/respiratory illness incidence is 28%
- Key reported symptoms are *coughing* and *sore throats*



Information updated weekly by SDI



Once again, C&D is featuring the Cold & Flu Forecast, sponsored by Benylin.

The information carried each week will help pharmacists predict peaks in seasonal illness, get product on-shelf at the right time, reduce out-of-stocks and help with inventory management.

In eight UK cities, volunteer panels, including GPs, pharmacists and staff from hospitals and nursing homes, have been set up and, at the beginning of each week throughout the season, they will report to the Forecasting Centre on the current incidence of flu/cold/respiratory illness or appropriate absences.

A complex computer programme then determines the incidence in each city. By Friday, the Centre is ready to forecast for the following week.

There are five important FAN status levels of respiratory illness:

- Normal: little or no increase in respiratory illness
- Advisory: a measured increase in respiratory illness
- Pre-Alert: levels of illness will go to Alert in 3-5 weeks
- Alert Status: a severe increase in illness (peak); 77 per cent of households will be affected. Lasts 8-10 weeks
- Advisory Status (down): measured decrease in illness.

The system also highlights which symptoms are predominant in any "Alert" period, eg cough, sore throat.

Tooth brushing with a twist

US firm Fresh&Go has launched a toothbrush that already carries a supply of toothpaste.

Also called Fresh&Go, the toothbrush has a knob which, when twisted, dispenses the paste located inside its handle.

The toothbrush/paste combination is aimed at people who may be travelling, camping, or who just want to freshen their mouths while away from home.

Each brush has enough fluoride toothpaste to be used 30 times, although the consumer can still use it as a normal brush when the paste has run out.

Fresh&Go comes in mint flavour for adults, and sugar-free strawberry and blueberry bubblegum flavours for children.

It retails at around £1.50 and comes in display cartons of 18, 36 and 144.

For more information:

KYT Ltd

Tel: 020 7025 8006.



Please e-mail your views to
chemdrug@cmpinformation.com

Sodium bicarbonate does not cause hypertension

Thank you for publishing the letter (*C&D* October 12, p12) regarding our concerns over the significant misconception that all sodium equates to table salt (sodium chloride).

In Dr Bradley's response, reference is made to dietary guidelines of the American Heart Association stating that "sodium bicarbonate should be avoided and that drugs with high sodium content should be avoided". Review of the current AHA guidelines finds no reference to sodium bicarbonate. As stated in the full correspondence, the AHA are clear:

"The full expression of NaCl-sensitive hypertension depends on the concomitant intake of both sodium and chloride. In both experimental models and humans, blood pressure is not increased by a high dietary sodium intake provided as non-chloride salts of sodium."

As our initial concern was raised by the publication *Prescribing Notes* referring to sodium and specific statements "for not recommending or prescribing effervescent medicines that contain high levels of sodium: ● halving the daily intake of salt can reduce blood pressure by 4mmHg SBP and 2mmHg DBP; ● reduction of salt intake by 5g per day in the elderly can decrease BP to an extent similar to reductions achieved in trials assessing treatment with a single antihypertensive drug; ● eliminating just four co-codamol effervescent tablets could reduce blood pressure sufficiently to allow the withdrawal of one antihypertensive drug".

As the evidence suggests, such statements can only be substantiated by reduction in table salt (sodium chloride).

Effervescent co-codamol does not contain sodium chloride. As such, the quoted information misrepresents the contribution of the sodium bicarbonate in effervescent co-codamol to the development of hypertension. There is no evidence that sodium bicarbonate contributes to the development of hypertension, a position also stated by the AHA dietary guidelines.

In applying the evidence, sodium bicarbonate does not have the same effect on blood pressure as sodium chloride. Suggesting that effervescent formulations that contain sodium bicarbonate should not be prescribed over concerns with blood pressure is fundamentally flawed. It is imperative that scientific accuracy is maintained in qualifying sodium as either the chloride, which is associated with hypertension, or the bicarbonate (or other non-chloride), which is not associated with hypertension.

The BNF has been made aware of the need to further qualify statements with regard to sodium and salt, based on currently available evidence.

The overwhelming concern remains that there is no evidence substantiating any drive to reduce sodium other than in the form of sodium chloride in the context of hypertension. In the most recent issue of *C&D* (October 19) the reader reply again demonstrates misinformed use of the term sodium for salt. Gavison does not contain sodium chloride, and as such would not be expected to adversely influence blood pressure. Advice to hypertensive patients to consider an alternative is scientifically incorrect.

Dr James Laughton, medical adviser, Schwarz Pharma

Dr Laughton does not believe there is any evidence connecting sodium bicarbonate to hypertension, as is the case with sodium chloride (table salt)



relief

new Lisinopril Tablets



Lisinopril's patent has just expired, and already our new four-strength range is available. What a relief!

Product Name	Lisinopril Tablets			
Strength	2.5mg	5mg	10mg	20mg
Indications	For the treatment of all grades of essential and renovascular hypertension, alone or with other antihypertensives; treatment of congestive heart failure as an adjunct to non-potassium sparing diuretics and where necessary, digitalis; treatment after an acute myocardial infarction in haemodynamically stabilised patients and treatment in patients with renal complications associated with diabetes mellitus.			

ALPHARMA
Making medicine accessible

Alpharma Limited, Whiddon Valley, Barnstaple, Devon EX32 8NS
Tel: 01271 311 200 www.accessiblemedicine.co.uk

Abbreviated Prescribing Information

Product name: Lisinopril 2.5mg Tablets, Lisinopril 5mg Tablets, Lisinopril 10mg Tablets, Lisinopril 20mg Tablets. Active Ingredients: 2.7775mg (2.5mg tablet), 5.555mg (5mg tablet), 11.11mg (10mg tablet) and 22.22mg (20mg tablet) of Lisinopril dihydrate. Indications: For the treatment of all grades of essential and renovascular hypertension, alone or with other antihypertensives; treatment of congestive heart failure as an adjunct to non-potassium sparing diuretics and where necessary, digitalis; treatment after an acute myocardial infarction in haemodynamically stabilised patients and treatment in patients with renal complications associated with diabetes mellitus. Licence Holder: Alpharma Limited, Whiddon Valley, Barnstaple, Devon, EX32 8NS. Product Licence Number: 2.5mg PL0142/0466, 5mg PL0142/0467, 10mg PL0142/0468, 20mg PL0142/0469. Legal Category: POM. Date of Preparation: October 2002. For full prescribing information, log onto our website www.accessiblemedicine.co.uk/medicines/index.htm



Is the future digital?

The boom in digital photography and associated services has presented pharmacists with a host of new business opportunities. *Adrienne de Mont* assesses the products and services available

Cameras

About 76 per cent of adults take photographs and spend £1,600 million on photography. The increasing options available – from easy, inexpensive single use cameras to the sophistication of digital – point to an optimistic future.

But will the future be digital? Although one-third of all households are likely to own a digital camera by 2005, manufacturers believe digital and conventional cameras will continue side by side for years to come. One reason is that people like to handle prints. While it may be exciting to e-mail family pictures around the world, people don't generally invite friends round to watch a computer screen – they share their holiday snaps in the pub.

When mobile phones were introduced consumers didn't suddenly replace their home number, they just made more phone calls. Similarly, digital cameras are likely to complement, rather than

replace, conventional cameras, with amateur photographers owning both and using them on different occasions.

Kevin Day, Konica UK's director and general manager, predicts that sales of digital cameras in the UK this year will hit the 1 million mark, a 20 per cent increase on last year. A similar increase is expected next year.

"The speed at which both professional and amateur photographers have taken to this new technology means it undoubtedly holds the key to the continuing success of the photographic industry," he says. "Having said that, the market for conventional 35mm cameras is by no means dead, and both systems will co-exist for some time.

"There are many times when it is more convenient to use a 35mm camera. Holidaymakers might want to take a large number of shots, but cannot be sure of finding a suitable outlet to have digital images downloaded to free up their storage card. And even though the cost of storage media is coming down, it is still a long way off the cost of a few extra rolls of film.

"You only have to look at the

continuing popularity of single-use cameras to recognise that there is a continuing demand for easy and inexpensive image capture," he adds.

Robert Carr, managing director, Tudor Photographic, says sales of middle and upper end digital cameras (£300-£800), have been remarkably high, and so digital sales now account for about 60 per cent of cameras by value. As the quality of cheaper cameras improves, there is likely to be rapid growth in the lower end of the market. Excellent quality 6in x 4in prints can be obtained with 1.3 million pixel cameras selling for as little as £100, he says.

Single use

About 11 million single-use cameras are bought every year, accounting for three-quarters of the total camera market in units. Manufacturers' estimates of market growth range from 20 to 27 per cent this year, in a market worth £111 million.

Kodak's research suggests this area is unlikely to be affected by trends to digital. Purchase is still mainly by younger people, although this is starting to broaden. Nearly two-thirds of adults have never tried a single use camera, highlighting the potential for market growth. Research in the US has shown that 9 per cent of single use

"The market for conventional 35mm cameras is by no means dead, and both systems will co-exist for some time"

Continued on page 30 ►

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camera users don't own another camera.

Single-use cameras will always be popular in situations where there is a high risk of damage or loss, such as skiing or on the beach. Most (84 per cent) single-use cameras are bought for the purchaser's own use, with the balance as gifts, mainly for children.

Agfa suggests a way to maximise sales is to display single-use cameras with sunscreens and other holiday items. The sales counter is a place to encourage impulse purchases for parties and special occasions.

Selling cameras

How do you recommend the right camera for the right person?

Konica's Kevin Day suggests you find out:

- what the customer wants from a camera; does he or she want the latest technology or are they technophobes?
- what level of photographic expertise do they possess?
- what kind of images will they take? Will they concentrate on family photos and holiday shots or do they want to be more creative?

Retailers who sell the right camera for a particular customer and offer an all-round service from processing to selling film and accessories are much more likely to engender customer loyalty and repeat business.

"Selling an expensive SLR or 5-megapixel digital to someone who simply wants to take a few snaps is unlikely to lead to a continuing relationship," he says.

Konica's research shows that digital cameras and SLRs tend to appeal to men, while buyers of compact cameras and single-use models are predominantly women.

Ferrania Imaging Technologies agrees that preference for digital over conventional cameras has a lot to do with the purchaser's knowledge and skill.

"The avid PC user is more likely to plump for the latest in digital technology," says marketing manager Natasha Clynes. "Customers are aware that going digital is a more costly investment and there is the added anxiety of losing or damaging the equipment."

Casual photographers may favour single-use cameras for several reasons, including cost, ease of use, weight and size. Women, who make up two-thirds of this market, particularly like to take pictures of their children. There is also a trend for 'fashion cameras' - matching the style and design of the casing to the user's personality or dress sense.

Tudor's Robert Carr says: "Knowing what to stock is always a dilemma but, for retail outlets other than specialised photo-dealers, premium brands will always sell well, particularly in the under £300 market."

Schemes are available, such as Fuji's FDI, to help retailers participate in the digital camera business backed by guidance on product choice, stock levels and point of sale.

For Christmas

During December, well over half of all camera sales are for gifts, and one-third of all Advanced Photo System cameras in use were received as presents. To capitalise on the festive season, Kodak is launching a range of six gift packs for Advantix cameras (£29.99 to £99.99). A money-saving twin pack is designed to drive single-use camera sales during one of the key picture-taking periods of the year. Two Kodak Fun



Tudor Photographic's range

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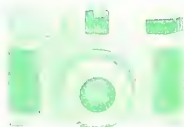
Casio has appointed Swains International as sole distributor for its cameras. The new Exilim S2 is smaller than an audio cassette box, has a 12Mb memory and stores up to 118 images (£299.99).

"Display single-use cameras with sunscreens and other holiday items"

The run up to Christmas is the year's single biggest battery sales opportunity, says Duracell's business unit director, George Allan.

"Batteries rarely make the shopping list and are usually bought on impulse triggered by the sight of a display," he says. "Ask at the check out if customers have remembered batteries for the gifts they've bought."

Duracell recommends displaying photo batteries on the main battery fixture, as well as with cameras and films, as 49 per cent of consumers expect to see photo batteries alongside everyday alkaline sizes. A Christmas promotion will run on AA eight packs, C and D four packs and 9V twin packs, in a freestanding unit.



Going on-site

Wholesale photo-finishing has been through a turbulent time this year, and the merger of Kodak and Colourcare has reduced the choices. As a result, pharmacists are looking again at minilabs as an in-house solution.

Tudor Photographic's Robert Carr says there are some attractive offers worth looking at, with entry-level digital minilabs available at £50,000. "More and more cash-rich, time poor customers expect a rapid service and are prepared to pay for it," he says.

One advantage of having a minilab on-site is that it enables pharmacists to offer a range of on-the-spot services, while the personal attention helps encourage customer loyalty. Digital minilabs, in particular, ensure the amount of work needing to be outsourced is kept to a minimum.

Konica's Kevin Day says: "Pharmacists also have the advantage over other high street outlets in that they are already considered as 'professionals' who can be approached for advice."

"By being a full service provider, able to offer everything from the method of capture - be it digital, 35mm or single use - right through to output, you will attract and keep a loyal customer base."

Any good minilab supplier will be happy to go through the economics of installing a minilab, he

Continued on page 32 ►

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says. Most pharmacies using outsourced processing have an established customer base that will stand them in good stead when installing their own system.

Agfa says that, although there are merits to using a wholesale photo finisher, if there is sufficient daily volume pharmacists can benefit hugely from on-site processing because of the higher returns on express services such as 30-minute processing. Customers have come to expect such services and may turn to competitors if they are not available.

On-site D&P can involve a large investment, so detailed planning is essential. Pharmacists should research their local area and be sure there is a potential market. Agfa, too, can help

carry out a feasibility study and provide marketing materials (www.agfa.co.uk/minilab).

Halfway options

Konica's online dealer lab service transmits customers' digital images to a mail order lab where prints and enlargements can be made and sent direct to the customer or back to the retailer for collection. There is access to photo merchandise such as

T-shirts, mugs, mouse mats and coasters. This service could be of interest to minilab operators who need access to digital services but are not yet ready to become fully-fledged digital minilab operators.

Kodak says the immediacy of digital picture taking means that households with digital cameras snap two-thirds more images. Yet only a small fraction (13 per cent) are printed. "Most customers (60 per cent) tell us they would like to print more but find printing at home expensive, time consuming and often disappointing," says Kodak. This untapped market heralds a great opportunity for retailers to offer good quality prints from digital media. Kodak's flexible financing options enable pharmacists to build up their services from the Mini Order Station to a full digital minilab.

KIS/Photo-me International has introduced the Digital Media Kiosk, a stand-alone unit in which users can select their prints in relative privacy. The wet processing system costs about 3p a print, compared with thermal processing methods that can cost up to 30p, enabling the initial investment of under £24,000 to be recovered more quickly. For a demonstration phone Deborah Towner on 01372 453399.

Why stock printers?

Smaller pharmacies may believe there is no money to be made on printers and that it is difficult to compete in a market dominated by large computer retail chains. But Swains believes its margins enable pharmacies to complete the digital picture and become one-stop shops for cameras, consumables and printers. The need for repeat purchases such as photographic paper and ink means customers keep coming back.

Swains' Digital Photo Specialist scheme gives members six months price protection on all printers. If prices drop they will be credited the difference, helping them to remain competitive. The Epson printers are covered by a guarantee in which Epson deals with pharmacists' customers directly, offering full repairs without the need for returns or feedback to the pharmacy. Further information on 01485 536200.

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Digital minilabs

Is it worth your while switching or upgrading from analogue processing? Fuji's Darren Peake looks at the pros and cons.

Usually, the most important consideration for pharmacists already operating a minilab or considering a move to on-site photo processing, is balancing the cost of new systems against increased revenue potential. But moving to digital also involves considering the extra services you could offer. The following are points to consider when deciding where the photo processing future lies for you.

Equipment costs

If you stick with your traditional minilab you need to invest no further in the purchase or lease of new equipment. But, as old equipment is more likely to break down, you could be involved in higher maintenance costs and risk losing customers when this happens. Digital minilabs are "future proof" as updates are made at the touch of a button, simply by upgrading software rather than hardware.

Print speed

Newer traditional equipment can match digital for print speed, but digital minilabs tend to have a higher capacity per sq metre than their conventional equivalents. With a wide range of digital products to choose from, pharmacists can upgrade to faster machines or tailor the machine to the needs of the business, reducing overall costs and space occupied.

Additional services

Services available on digital but not generally on traditional analogue machines will expand your photographic portfolio, resulting in increased income and customer satisfaction. These include colour correction/ balancing, red eye removal, images burnt to CD, and index prints.

Marketing support for analogue systems will decline as new technology becomes a greater priority for manufacturers. With digital photo processing, pharmacists can benefit from in-store branding, promotions and other marketing activity.

Next steps

If you decide to change to digital, the first step is to identify your customers and their needs. Carry out research and monitor your competitors' activity.

Then talk to the experts – those manufacturers who have a dedicated

sales team for each sector of the market, to help you make the right decision and maximise your profits. They can also offer advice on whether to buy, lease or finance your new equipment.

Before the final purchase, make a thorough analysis of the back-up support and product guarantees. Look for things like a full lifetime guarantee on lasers. At this stage it is always useful to make sure you calculate servicing and maintenance costs, as entering into contracts with the manufacturer could save hundreds of pounds in lost revenue and call out charges.

Finally, before signing on the dotted line, ask the manufacturer about training and support because, if staff are not properly trained, you won't reap the rewards of additional revenue and speed of throughput.

In conclusion, pharmacists only have to look at the fast pace of change in the photographic market to realise that standing still will mean the competition will overtake them. A free guide to Fujifilm minilabs, with an explanation of costs and revenue expectations, is available on 01234 217724 or visit www.fujifilm.co.uk/minilabs

Adding value

Premium services can help to boost profits from processing. Photographs carry valued memories so price is not always the main concern. Pharmacists should take time to talk to customers to find out their requirements, then tailor services accordingly, Agfa suggests. Giving advice on the most suitable products will help gain trust as well as future business.

An obvious way to add value is to run cross promotions on related products such as "Free frame with every 10in x 8in enlargement" or "Free film with 60-minute processing".

Impulse buying techniques are a great way to encourage people to take more photos, according to Ferrania. These can be simple, such as posting messages like "Don't forget your film" when used films are brought for processing. Special offers coinciding with key periods such as Christmas or summer holidays remind customers



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that this is a time to get snapping. Pharmacies could even promote the one-stop-shop approach by offering the whole range of services from camera buying advice, through to processing and tips on taking the best photographs. Ferrania offers pharmacies promotional plans to encourage impulse purchases.

Konica organises regular promotions aimed at expanding a particular sector of the minilab owner's business. Pharmacies might opt for a promotion to encourage customers to order enlargements or another encouraging purchase of a second set of prints.

Tudor Photographic suggests that retailers who actively promote their photographic services should consider stocking inkjet papers, inks and possibly media cards for digital cameras. ☺

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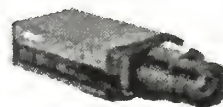
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Alan Turner

Alan Turner has been appointed commercial manager for Nucare. Mr Turner has held the position of special projects manager with Nucare for over two years, having previously been sales and marketing director and then commercial director with AAH Pharmaceuticals. His responsibilities for Nucare will continue to include the branding programme, plus the category management scheme and merchandising. He will also

be taking on negotiations with Nucare's OTC and approved suppliers as well as nominated wholesalers.

Sinelair Pharmaceuticals Ltd has appointed **Michael Killeen** to its board of directors. He began his association with Sinelair as part of the Propharma acquisition in May 2001 and has since acted as vice-president of sales and marketing for the US and Pacific Rim at Sinelair.

It's a fair cop, guv

Thinking pink and surrounding Phoenix/Rowland CEO David Cole as he is handcuffed prior to a trip in a black Maria are staff at the Phoenix headquarters raising money for breast cancer awareness



Throwing your chief executive into a black Maria to be carted off to the local nick must be the ambition of many a disgruntled employee.

But when the action was done for charity, the motives of the headquarters staff should not be questioned but applauded.

So who is the man behind bars in the photo? None other than Phoenix/Rowland's CEO David Cole who was prepared to spend an hour banged up by the Royal Cheshire Constabulary awaiting the £500 release fee, to raise money for Breast Cancer.

"The boys in blue were a bit rough and I had to ask them to loosen the cuffs on my wrists behind my back," says David of his ordeal. "I was then virtually thrown into the back of the van and put into a cage. Fortunately the release money came through within the hour, but I had taken a wad of notes, just in case."

The fund-raising was part of the company's support for breast cancer awareness month.

Alison Ralph, Rowland's retail commercial analyst, was responsible for organising the 'Pink day' at the company's

Motorway madness...

Anyone who listened to the early morning traffic reports on Scottish radio last Monday might recall an item about delays on the M9 eastbound. So who was the person who brought the motorway to a standstill, causing an eight-mile traffic jam during a morning of torrential rain?

The lady in question, a senior member (if not the senior member) of the RPSiS establishment, claims her engine cut out while she was motoring sedately at 70mph plus in the middle lane. Having come to a stop, still in the middle lane, and having abandoned her vehicle – a task with 40ft articulated wagons kicking up the spray on one side and desperate commuters speeding past on the other – she made it to the side of the road.

There was no hard shoulder to cry on so she was forced to take refuge up an embankment until the police came to her rescue 20 minutes later.

A sympathetic colleague who observed her bedraggled arrival at York Place said she looked like a Tom and Jerry cartoon character that had just stuck its hand in a toaster. It was a true test of character, therefore, when she got a phone call just before lunch from her husband, asking her if she could get the car fixed before she flew down to London in the afternoon.

A nice touch, that!

Preston Brook site, where pink ribbons and 'Pink puppies' had been on sale for a couple of weeks before the event. Alison is hoping that over £30,000 will be raised in total with additional 'pink' sales through Rowland's 307 pharmacies.



An evening of Samba and Jenga

Very much used to building up a business, Day Lewis' chief executive, Kirit Patel, tried his hand at demolition.

Mr Patel could be seen participating in a game of giant Jenga during Day Lewis's annual conference held at the Wokefield

Executive Centre in Reading.

Bringing his usual zeal to the task, even in the early hours of the morning, Mr Patel would not be outdone by the assembled pharmacy press and left it to the *Pharmaceutical Journal's* not-so-nimble fingered Jonathan

Buisson to topple the tower of wooden bricks.

Elsewhere, delegates were dancing into the night to the Caribbean sound of the samba.

Sorry, we were too busy playing with bricks to check out Mr Patel's dancing skills as well.



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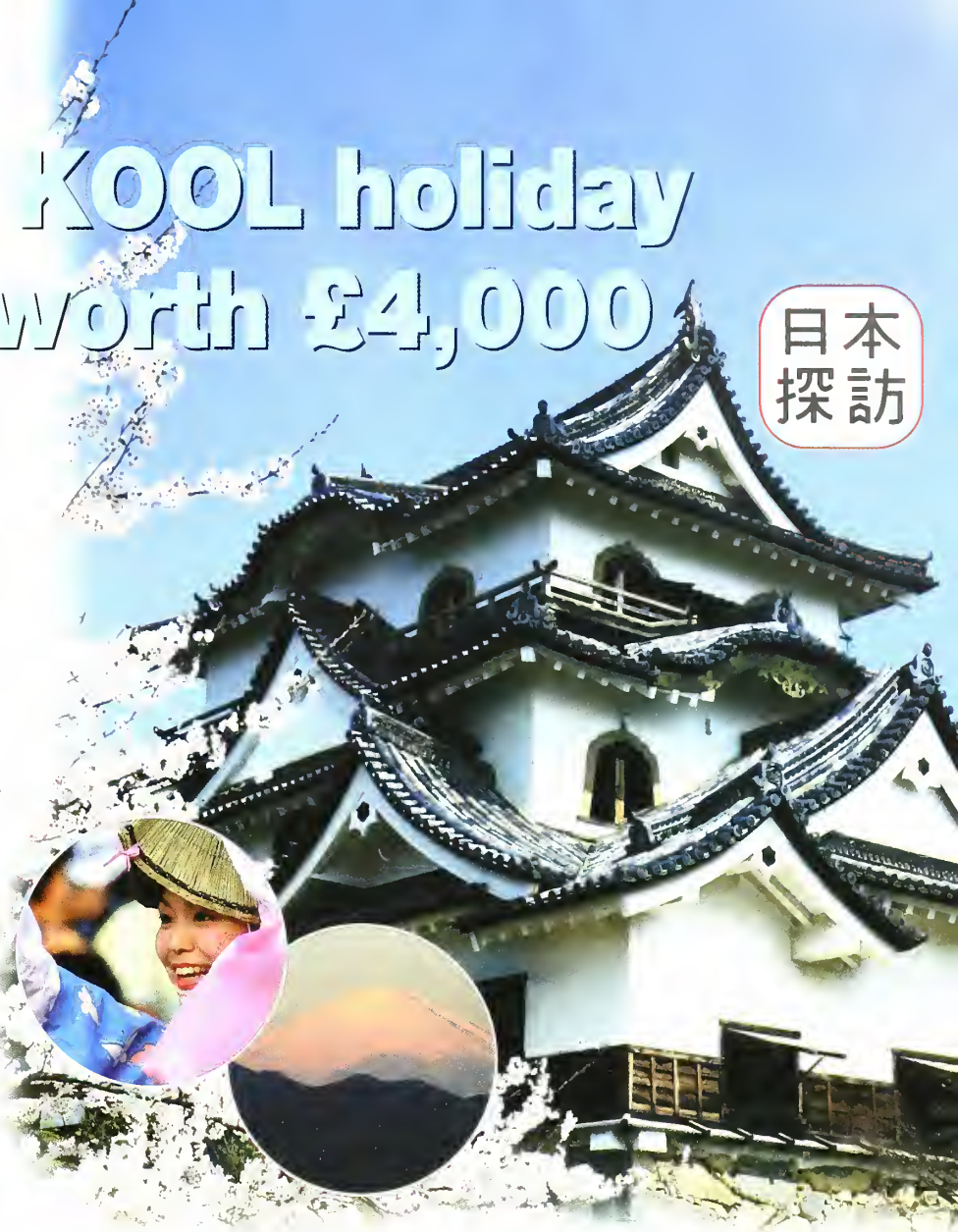
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1st March 2004, will not be eligible. The winners will be notified by 31st March 2004. 5. The results as determined by the draw is final and no correspondence will be entered into. 6. Koyabashi reserves the right to use any submission for future publicity. 7. No cash alternatives will be offered.

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